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CONFIRMATION NO. 7158

<b>SERIAL NUMBER</b> 10/759,288	<b>FILING OR 371(c) DATE</b> 01/16/2004 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1644	<b>ATTORNEY DOCKET NO.</b> CMC -163
<b>APPLICANTS</b> Marc Elliot Rothenberg, Cincinnati, OH;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/440,934 01/17/2003 /NMR 02/20/07 <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 04/21/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>None Keene</i> NMR Examiner's Signature Initials		<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 31
<b>INDEPENDENT CLAIMS</b> 6				
<b>ADDRESS</b> 26875				
<b>TITLE</b> Regulation of allergen induced gene				
<b>FILING FEE RECEIVED</b> 828	<b>FEES: Authority has been given in Paper</b> No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	